A physician working on a rehabilitation unit discovers that a patient is experiencing an acute allergic reaction to a medication. The physician calls for nursing assistance. When the nurse arrives, the physician instructs the nurse to administer "25 mg of diphenhydramine IV push". Which of the following responses from the nurse ensures a lower risk of communication errors?

A. "Preparing 25 mg of diphenhydramine for IV push."

B. "I will give 25 mg of diphenhydramine stat."

C. "Okay."

D. "Order received and completed."

E. "Yes, doctor."

Submit

A physician working on a rehabilitation unit discovers that a patient is experiencing an acute allergic reaction to a medication. The physician calls for nursing assistance. When the nurse arrives, the physician instructs the nurse to administer "25 mg of diphenhydramine IV push". Which of the following responses from the nurse ensures a lower risk of communication errors?

- ✓ A. "Preparing 25 mg of diphenhydramine for IV push." (85%)
- B. "I will give 25 mg of diphenhydramine stat." (12%)
- C. "Okay." (0%)
- D. "Order received and completed." (1%)
- E. "Yes, doctor." (0%)

Omitted
Correct answer
A

85%
Answered correctly

03 mins, 24 secs
Time Spent

01/15/2020
Last Updated

Explanation

Clear communication between health care team members is an essential component of high-quality patient care. Errors can occur frequently when communication is unclear or vague, and communication errors are one of the most common factors involved in malpractice claims for medical errors.

Closed-loop communication is a form of effective communication used in health care settings and other high-risk fields. This technique lowers the risk of misunderstandings by ensuring clear communication. It enhances the team's ability to exchange clear, concise information; acknowledges receipt of the information; and confirms its understanding. Closed-loop communication typically involves an individual (the sender) transmitting a message to another individual (the receiver), who then repeats the message back to the sender. The sender typically will confirm

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In this situation, the nurse must repeat the order in an accurate and concise manner to convey that the physician's message has been received. The physician should confirm by saying "yes" following the nurse's statement to convey that this is correct.

(Choice B) Although this response conveys that the nurse has comprehended that the patient needs diphenhydramine immediately, it does not convey the nurse's understanding of the correct route of administration.

(Choices C, D, and E) Responses such as these are vague and do not convey whether the nurse has fully and accurately understood the order.

Educational objective:
Health care providers working on a team should employ closed-loop communication, in which team members repeat back the information received to ensure that the correct information has been conveyed. This highly effective form of communication reduces the risk of medical errors in the health care setting.

References

- Communicating, coordinating, and cooperating when lives depend on it: tips for teamwork.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient safety
Subject	System	Topic

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A 79-year-old woman is admitted to the hospital with shortness of breath, fever, and confusion. Her medical history includes lung cancer, hypertension, osteoarthritis, and glaucoma. The patient is unable to communicate but made an advance directive several weeks ago specifying "no intubation." Her husband of 60 years accompanies her to the hospital and tells the doctor to "do everything possible to save her life." Her daughter, who is 6 months pregnant, arrives the following day and wants her mother to live long enough to see the birth of her new grandchild, saying, "I feel this is what she would have wanted." Despite treatment, the patient's condition deteriorates and intubation is indicated. The physician should follow which of the following regarding the decision to intubate?

A. Advance directive

B. Courts

C. Daughter

D. Ethics committee

E. Husband

Submit

A 79-year-old woman is admitted to the hospital with shortness of breath, fever, and confusion. Her medical history includes lung cancer, hypertension, osteoarthritis, and glaucoma. The patient is unable to communicate but made an advance directive several weeks ago specifying "no intubation." Her husband of 60 years accompanies her to the hospital and tells the doctor to "do everything possible to save her life." Her daughter, who is 6 months pregnant, arrives the following day and wants her mother to live long enough to see the birth of her new grandchild, saying, "I feel this is what she would have wanted." Despite treatment, the patient's condition deteriorates and intubation is indicated. The physician should follow which of the following regarding the decision to intubate?

- ✓ A. Advance directive (94%)
- B. Courts (0%)
- C. Daughter (0%)
- D. Ethics committee (1%)
- E. Husband (2%)

Omitted
Correct answer
A

94%
Answered correctly

02 secs
Time Spent

03/09/2020
Last Updated

Explanation

This patient currently lacks decision-making capacity but has outlined her wishes on an advance directive form in the event she becomes incapacitated. The document explicitly states "no intubation" and would overrule any family member's objection. Based on the ethical principle of autonomy, the advance directive clearly documents the patient's wish not to be intubated and takes precedence over the wishes of the husband and the daughter **(Choices C and E)**. Although the daughter feels that her mother would wish to live to see the birth of her grandchild, this does

Omitted
Correct answer
A

94%
Answered correctly

02 secs
Time Spent

03/09/2020
Last Updated

Explanation

This patient currently lacks decision-making capacity but has outlined her wishes on an advance directive form in the event she becomes incapacitated. The document explicitly states "no intubation" and would overrule any family member's objection. Based on the ethical principle of autonomy, the advance directive clearly documents the patient's wish not to be intubated and takes precedence over the wishes of the husband and the daughter **(Choices C and E)**. Although the daughter feels that her mother would wish to live to see the birth of her grandchild, this does not override the patient's formal advance directive. It is the physician's ethical duty to respect the patient's autonomy and avoid intubation based on the patient's documented wishes.

(Choices B and D) Referral to an ethics committee is indicated when there is no advance directive and family members disagree about what the patient would have wanted. If consensus is still not achieved, referral to the courts becomes necessary.

Educational objective:
Advance directives take precedence over the wishes of family members. Physicians should respect patient autonomy and adhere to patients' wishes as outlined in advance directives.

References

- Implementing advance directives in office practice.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Advance directive/surrogate decision maker
Subject	System	Topic

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An 86-year-old woman is brought to the emergency department due to a worsening cough and fatigue and is found to have pneumonia. The physician explains the diagnosis and treatment plan, including admission and intravenous antibiotics. The patient replies, "I'd prefer to leave. I'm more comfortable at home." She asks to be discharged with oral antibiotics. The physician explains that intravenous antibiotics are preferred and that the risks of worsening infection may include sepsis and death. The patient appreciates the risks involved and still wishes to go home. She does not have an advance directive. Her son, who lives with her, says she must stay in the hospital for treatment. She has no other children and has been separated from her husband for the past year. Medical history includes mild cognitive impairment and hypertension. On mental status examination, the patient is fully oriented. She has no suicidal ideation, although she states that she is not afraid of death "if it is my time." It is most appropriate for which of the following people to make treatment decisions for this patient?

- A. A court-appointed guardian
- B. The ethics committee
- C. The patient
- D. The patient's son
- E. The patient's spouse
- F. The physician

Submit

An 86-year-old woman is brought to the emergency department due to a worsening cough and fatigue and is found to have pneumonia. The physician explains the diagnosis and treatment plan, including admission and intravenous antibiotics. The patient replies, "I'd prefer to leave. I'm more comfortable at home." She asks to be discharged with oral antibiotics. The physician explains that intravenous antibiotics are preferred and that the risks of worsening infection may include sepsis and death. The patient appreciates the risks involved and still wishes to go home. She does not have an advance directive. Her son, who lives with her, says she must stay in the hospital for treatment. She has no other children and has been separated from her husband for the past year. Medical history includes mild cognitive impairment and hypertension. On mental status examination, the patient is fully oriented. She has no suicidal ideation, although she states that she is not afraid of death "if it is my time." It is most appropriate for which of the following people to make treatment decisions for this patient?

- A. A court-appointed guardian (0%)
- B. The ethics committee (0%)
- ✓ C. The patient (94%)
- D. The patient's son (3%)
- E. The patient's spouse (0%)
- F. The physician (0%)

Omitted
Correct answer
C

94%
Answered correctly

01 sec
Time Spent

06/01/2020
Last Updated

Explanation

Assessment of decision-making capacity	
Criterion	**Patient task**
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

It is difficult when a patient refuses therapy that the physician knows can be life-saving. Patients with decision-making capacity have the **right to refuse treatment** based on the ethical **principle of autonomy**. Those who refuse treatment should be assessed for **decision-making capacity**. Conditions that can impair capacity include delirium, moderate to severe cognitive impairment, psychosis, and severe depression.

Although this patient has a history of mild cognitive impairment, her decision-making capacity is intact. She is fully oriented, understands her medical condition, and appreciates the potential consequences of her decision. She communicates a choice and provides a rationale for her decision (being more comfortable at home). The autonomy of patients with decision-making capacity should be respected. The physician does not have to agree with the decision, provided that the patient demonstrates capacity.

(Choice A) The courts should intervene when there is no available next of kin to make decisions for an incapacitated or incompetent patient. In such cases, the court appoints a guardian to act on the patient's behalf.

(Choice B) The hospital ethics committee can make recommendations in complex situations (eg, family members unable to agree on a decision for an incapacitated patient), but it cannot legally act to make decisions for the patient because it has not been designated as a guardian by the court.

(Choices D and E) Because this patient does not lack decision-making capacity, there is no need for a family member to serve as decision-maker. If the patient were incapacitated, decision-making responsibility would fall to the next of kin. The spouse is the immediate next of kin, followed by the adult child, unless specified otherwise in an advance directive.

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(Choices D and E) Because this patient does not lack decision-making capacity, there is no need for a family member to serve as decision-maker. If the patient were incapacitated, decision-making responsibility would fall to the next of kin. The spouse is the immediate next of kin, followed by the adult child, unless specified otherwise in an advance directive.

(Choice F) It is the physician's responsibility to adhere to the decisions of patients with decision-making capacity despite personal beliefs about best treatment.

Educational objective:
The capacity to refuse treatment requires the ability to express a choice, understand the relevant medical information, appreciate the consequences of treatment options, and offer a rationale for the decision. Patients with decision-making capacity have the right to refuse medical treatment.

References

- Assessment of healthcare decision-making capacity.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

A 17-year-old girl comes to the office for evaluation of worsening vaginal irritation and discharge. She has had multiple sexual partners in the past few months. The patient is adherent with oral contraceptives and inconsistently uses condoms. She has no prior medical conditions and takes no other medications. Urine pregnancy test is negative and urine gonorrhea test is positive. The patient does not want her parents to find out she is having sex and asks if the physician will tell her parents about today's visit. Which of the following is the most appropriate response to this patient?

A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents."

B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment."

C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious."

D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own."

E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents."

Submit

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A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents." (2%)

B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment." (4%)

C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious." (8%)

✓ D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own." (81%)

E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents." (1%)

Omitted
Correct answer
D

81%
Answered correctly

01 sec
Time Spent

06/30/2020
Last Updated

Explanation

Circumstances in which minors can provide their own consent	
Medical emancipation	• Emergency care (all states) • Sexually transmitted infection (all states) • Mental health and substance abuse treatment

Circumstances in which minors can provide their own consent	
Medical emancipation	• Emergency care (all states) • Sexually transmitted infection (all states) • Mental health and substance abuse treatment • Pregnancy care • Contraception
Legal emancipation	• Financially independent • Parent • Married • Active military service • High school graduate

Note: The age of legal and medical emancipation varies by state.

Minors (age <18) usually require **parental consent** for medical treatment; however, consent is generally **not required** in the following situations:

- Legal or situational emancipation (eg, parent, married)
- **Emergency care** in which delay of care could result in significant harm to life or limb
- Specific conditions (eg, sexually transmitted infection [STI], pregnancy, substance abuse) that are potentially **serious, sensitive, or stigmatizing**

Allowing minors to consent for treatment of certain potentially serious medical conditions (eg, **STI**) encourages them to seek services without concern of parental involvement, as in this patient's situation. In most states, minors can also consent to **substance abuse** and **mental health** treatment as well as **reproductive services**, although there may be variations among states (eg, requiring minors to be a minimum age). Some, but not all states, also exclude information about sensitive services from insurance documentation that is sent to the parent (policyholder).

(Choice A) Notification of parents for STIs other than HIV is not mandated in any state.

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(Choice A) Notification of parents for STIs other than HIV is not mandated in any state.

(Choices B and E) The patient can obtain evaluation and treatment for STIs, including antibiotics, without parental notification or consent.

(Choice C) Although it is often preferable for parents to be involved in their child's care, it should not be automatically assumed that disclosing information would be in the patient's best interest. This response also dismisses the patient's concern about confidentiality and fails to answer her question.

Educational objective:
Minors do not require parental consent for medical treatment of conditions that may be sensitive or stigmatizing such as sexually transmitted infections, pregnancy, and substance abuse.

References

- Sexual and reproductive health care services in the pediatric setting.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Emancipated minor
Subject	System	Topic

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A 56-year-old woman with major depression comes to the office for follow-up. She has been on paroxetine 40 mg daily for the past 2 years. She is doing fairly well but still experiences some periods of depression. When the patient is asked whether she is having any difficulty with the medication, she explains that she doubles her dose when having a "bad day" and occasionally skips doses on days when she feels better. Which of the following would be the most appropriate action by her physician?

A. Decrease the dose of paroxetine to lower the risk of toxicity

B. Educate the patient about the risks of irregular dosing

C. Inform the patient that she must take the medication once daily as prescribed

D. Obtain a paroxetine blood level

E. Provide written instructions on how to take the medication

Submit

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- A. Decrease the dose of paroxetine to lower the risk of toxicity (0%)
- ✓ B. Educate the patient about the risks of irregular dosing (86%)
- C. Inform the patient that she must take the medication once daily as prescribed (3%)
- D. Obtain a paroxetine blood level (2%)
- E. Provide written instructions on how to take the medication (6%)

Omitted
Correct answer
B

86%
Answered correctly

02 secs
Time Spent

01/12/2020
Last Updated

Explanation

This patient is not adhering to the prescribed medication schedule and appears to not understand the risks of doubling or skipping her dose. Patients' misunderstanding of medication use can result in medication errors and in serious cases can lead to toxicity and withdrawal. The physician should educate this patient about the risks associated with skipping or doubling the dose of paroxetine, including withdrawal, loss of efficacy, increased side effects, and drug interactions. The physician should also explain that daily medication adherence is necessary to achieve the steady-state blood level required to sustain improvement in depression.

(Choice A) Reducing the dose of paroxetine would increase the patient's risk of depression recurrence and does not address her lack of

Correct answer
B

Answered correctly

Time Spent

Last Updated

Explanation

This patient is not adhering to the prescribed medication schedule and appears to not understand the risks of doubling or skipping her dose. Patients' misunderstanding of medication use can result in medication errors and in serious cases can lead to toxicity and withdrawal. The physician should educate this patient about the risks associated with skipping or doubling the dose of paroxetine, including withdrawal, loss of efficacy, increased side effects, and drug interactions. The physician should also explain that daily medication adherence is necessary to achieve the steady-state blood level required to sustain improvement in depression.

(Choice A) Reducing the dose of paroxetine would increase the patient's risk of depression recurrence and does not address her lack of understanding of the reasons for taking the medication as prescribed.

(Choices C and E) Instructing the patient verbally or in writing on how to take the medication does not address her lack of understanding of the reasons for taking it as prescribed and the risks of doubling or skipping doses.

(Choice D) A paroxetine level would not be helpful in patient management and does not address her misconceptions.

Educational objective:
Patients' misunderstanding of medication use can result in medication errors, including potential overdose, toxicity, and withdrawal. Physicians must assess the patient's understanding and provide targeted education to address misconceptions.

References

- Adherence to antidepressant treatment.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Treatment adherence
Subject	System	Topic

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A 40-year-old unemployed man with chronic back pain comes to the office for an appointment with a new physician. The patient injured his back in a work accident years ago and has not worked since. He uses marijuana daily to "ease the pain" and admits that a portion of his income goes toward its purchase. The patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

A. "I am unable to sign the form due to my concern about your drug use."

B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits."

C. "I can see you are suffering from a painful condition and will sign the form."

D. "I can sign the form because I see that you were previously approved and nothing has changed."

E. "I cannot consider your request until you are able to control your anger."

F. "I cannot sign the form without further history and assessment."

Submit

A 40-year-old unemployed man with chronic back pain comes to the office for an appointment with a new physician. The patient injured his back in a work accident years ago and has not worked since. He uses marijuana daily to "ease the pain" and admits that a portion of his income goes toward its purchase. The patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

A. "I am unable to sign the form due to my concern about your drug use." (2%)

B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits." (6%)

C. "I can see you are suffering from a painful condition and will sign the form." (0%)

D. "I can sign the form because I see that you were previously approved and nothing has changed." (0%)

E. "I cannot consider your request until you are able to control your anger." (1%)

✓ F. "I cannot sign the form without further history and assessment." (89%)

Omitted
Correct answer
F

89%
Answered correctly

01 sec
Time Spent

01/14/2020
Last Updated

Explanation

In the United States, disability is a form of insurance that is administered by private insurance carriers or by the Social Security Administration. It provides financial assistance to workers who are unable to continue working due to a medical or psychiatric condition. **Certification of disability**

Explanation

In the United States, disability is a form of insurance that is administered by private insurance carriers or by the Social Security Administration. It provides financial assistance to workers who are unable to continue working due to a medical or psychiatric condition. **Certification of disability** by a physician is usually required by these entities before the benefit is granted.

This patient's demand that the physician sign a disability form presents a difficult situation. Pain is highly subjective and, at this point in the interaction, the physician knows very little about this patient. **Possibilities include malingering** or exaggeration of extent of disability to obtain benefits, **inadequately treated** pain, or chronic pain resulting in **legitimate disability**. This patient may also have had negative interactions with health care providers or a psychiatric condition that contributes to his angry, demanding behavior. The best approach is to politely but firmly explain that **determining medical disability requires** further **assessment** of his symptoms, physical **examination**, and testing if indicated.

(Choice A) Many individuals with legitimate medical disabilities may use substances; it is not a reason to deny disability benefits.

(Choice B) It is premature to suggest that this patient is attempting to commit fraud without performing an appropriate history and physical examination.

(Choices C and D) It is inappropriate to sign the form at this point in the interview without learning more about the patient and his condition. It is incorrect to assume that the previous disability determination was correct and that nothing has changed.

(Choice E) Unless the patient is abusive or creating an unsafe situation, confronting him directly about his anger is not appropriate and will be unlikely to improve the situation.

Educational objective:
Physicians are frequently asked to evaluate whether a patient is entitled to disability benefits. When interacting with demanding patients, it is best to explain that the physician has a responsibility to perform a thorough assessment prior to making this determination.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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An 82-year-old man is admitted to the hospital in the middle of the night. He is non-communicative and has multiple comorbidities, including end-stage lung cancer. The patient has not designated a specific power of attorney and does not have an advance directive on file. His wife of many years, who is at the hospital with him, has an extensive conversation with the physician in charge of his care. During the conversation, she says that the patient had mentioned on several occasions not to resuscitate him if he were near death as he did not want to live "attached to machines or brain dead." She says that he just wants to die in peace when the time comes. What would be the most appropriate course of action if the patient enters ventricular fibrillation?

A. Attend to the patient's comfort and allow his family to be present with him as he is dying

B. Begin full resuscitation as the patient's wife has no official documentation of her husband's wishes

C. Consult the hospital ethics committee

D. Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment

E. Place defibrillator pads and administer vasopressin only

Submit

An 82-year-old man is admitted to the hospital in the middle of the night. He is non-communicative and has multiple comorbidities, including end-stage lung cancer. The patient has not designated a specific power of attorney and does not have an advance directive on file. His wife of many years, who is at the hospital with him, has an extensive conversation with the physician in charge of his care. During the conversation, she says that the patient had mentioned on several occasions not to resuscitate him if he were near death as he did not want to live "attached to machines or brain dead." She says that he just wants to die in peace when the time comes. What would be the most appropriate course of action if the patient enters ventricular fibrillation?

- ✓ A. Attend to the patient's comfort and allow his family to be present with him as he is dying (67%)
- B. Begin full resuscitation as the patient's wife has no official documentation of her husband's wishes (7%)
- C. Consult the hospital ethics committee (3%)
- D. Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment (14%)
- E. Place defibrillator pads and administer vasopressin only (7%)

Omitted
Correct answer
A

67%
Answered correctly

01 sec
Time Spent

01/16/2020
Last Updated

Explanation

A physician's mandate is to honor the wishes of patients with respect to end-of-life care. This patient **cannot communicate** and has **no written documentation** of his wishes; therefore, the **next of kin becomes responsible** for making medical decisions. His wife is present and, after discussion with the doctor, says that her husband does not want to be resuscitated. A "do not resuscitate" **(DNR)** order is placed by a physician and indicates that a patient should not undergo cardiopulmonary resuscitation. This **includes basic life support** (mouth-to-mouth breathing,

A physician's mandate is to honor the wishes of patients with respect to end-of-life care. This patient **cannot communicate** and has **no written documentation** of his wishes; therefore, the **next of kin becomes responsible** for making medical decisions. His wife is present and, after discussion with the doctor, says that her husband does not want to be resuscitated. A "do not resuscitate" **(DNR)** order is placed by a physician and indicates that a patient should not undergo cardiopulmonary resuscitation. This **includes basic life support** (mouth-to-mouth breathing, chest compressions) as well as **advanced cardiac life support** (intubation, mechanical ventilation, defibrillation, and administering medications such as vasopressors or epinephrine). Additional wishes such as the desire to not be fed artificially or any other limitations of care can be specified.

The next of kin is responsible for making decisions based on what the patient would want, not on what the next of kin wants. The order of next of kin is determined by proximity of relationship and age of majority. In most cases, the order is the spouse, adult children, parents, and adult siblings. In this case, the patient's wife is present and has made her husband's wishes known. Therefore, the patient should not be resuscitated and the family should be allowed to be with the patient during his final moments.

(Choice B) The wife is the next of kin and has the right to make decisions for the patient, as he is incapacitated with no written documentation of his wishes. Nothing in the question stem suggests inadequate or insincere communication between the wife and the physician, and so her decision should be respected.

(Choice C) Consulting the hospital ethics committee would be appropriate if family members were unable to agree on the patient's care. This should be done before the need for emergent end-of-life decisions arise.

(Choice D) It is essential that the physician be present to attend to the patient's needs and comfort at the end of life. It is inappropriate to suspend comfort care (eg, supplemental oxygen, pain medication).

(Choice E) Treatment of ventricular fibrillation is part of the advanced cardiac life support cardiac arrest algorithm. The patient's wife clearly states that her husband does not want to undergo resuscitation efforts and simply wants to die in peace when the time comes. Advanced cardiac life support steps are not indicated in a patient who is DNR.

Educational objective:
When patients are unable to make their wishes known and there is no written documentation of them, the responsibility for medical decision-making falls to their designated health care proxy. If a patient has not designated a surrogate decision maker, medical decisions default to the

The next of kin is responsible for making decisions based on what the patient would want, not on what the next of kin wants. The order of next of kin is determined by proximity of relationship and age of majority. In most cases, the order is the spouse, adult children, parents, and adult siblings. In this case, the patient's wife is present and has made her husband's wishes known. Therefore, the patient should not be resuscitated and the family should be allowed to be with the patient during his final moments.

(Choice B) The wife is the next of kin and has the right to make decisions for the patient, as he is incapacitated with no written documentation of his wishes. Nothing in the question stem suggests inadequate or insincere communication between the wife and the physician, and so her decision should be respected.

(Choice C) Consulting the hospital ethics committee would be appropriate if family members were unable to agree on the patient's care. This should be done before the need for emergent end-of-life decisions arise.

(Choice D) It is essential that the physician be present to attend to the patient's needs and comfort at the end of life. It is inappropriate to suspend comfort care (eg, supplemental oxygen, pain medication).

(Choice E) Treatment of ventricular fibrillation is part of the advanced cardiac life support cardiac arrest algorithm. The patient's wife clearly states that her husband does not want to undergo resuscitation efforts and simply wants to die in peace when the time comes. Advanced cardiac life support steps are not indicated in a patient who is DNR.

Educational objective:
When patients are unable to make their wishes known and there is no written documentation of them, the responsibility for medical decision-making falls to their designated health care proxy. If a patient has not designated a surrogate decision maker, medical decisions default to the next of kin. In the case of a married person, the next of kin is usually the spouse.

References

- Family involvement at the end-of-life and receipt of quality care.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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A 60-year-old man comes to the office for surgical consultation of multivessel coronary artery disease. After reviewing prior records and completing a thorough evaluation, the surgeon discusses the recommendation for a coronary artery bypass graft, describing the indications for the operation and providing an overview of the surgery, including risks and benefits. The surgeon then discusses what the patient can expect during the recovery period. Which of the following additional disclosures is a necessary component of an informed consent discussion by the surgeon?

A. Cost of surgery and estimated coverage by insurance

B. Mortality rate of coronary artery bypass grafts performed by the surgeon

C. Option for patient to obtain a second opinion

D. Probable outcomes if surgery is not performed

E. Risks of anesthetic agents that will be used during the procedure

Submit

A 60-year-old man comes to the office for surgical consultation of multivessel coronary artery disease. After reviewing prior records and completing a thorough evaluation, the surgeon discusses the recommendation for a coronary artery bypass graft, describing the indications for the operation and providing an overview of the surgery, including risks and benefits. The surgeon then discusses what the patient can expect during the recovery period. Which of the following additional disclosures is a necessary component of an informed consent discussion by the surgeon?

A. Cost of surgery and estimated coverage by insurance (4%)

B. Mortality rate of coronary artery bypass grafts performed by the surgeon (3%)

C. Option for patient to obtain a second opinion (10%)

✓ D. Probable outcomes if surgery is not performed (60%)

E. Risks of anesthetic agents that will be used during the procedure (20%)

Omitted
Correct answer
D

60%
Answered correctly

02 secs
Time Spent

05/28/2020
Last Updated

Explanation

Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness
	• Diagnosis • Proposed treatment

Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness

Disclosure of key facts	• Diagnosis
	• Proposed treatment
	• Alternative treatment options
	• Risks/benefits of proposed treatment & alternatives
	  ◦ Common complications
	  ◦ Serious complications
	• Risks of refusing treatment

Other disclosures if applicable	• Role of residents & medical students • Anticipated additional procedures • Financial conflicts

The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include explanation of the patient's **diagnosis** and **proposed treatment**, other **treatment options**, **risks and benefits** of the proposed treatment, and **risks of refusing the proposed treatment**. In this case, the surgeon has not yet addressed the risks to the patient if the surgery is not performed (eg, increased risk of subsequent cardiovascular events).

The informed consent discussion should be conducted by the surgeon who will perform the procedure and should use language that is easily comprehended. The patient must be given an opportunity to ask questions. The content of the informed consent discussion should be documented in the patient's medical record.

(Choice A) Information regarding cost is not a required component of informed consent. This information likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

(Choice B) Disclosure of the mortality rate of a procedure performed by the surgeon is not a required element of informed consent. However, if asked, a physician must answer truthfully and disclose this information.

The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include explanation of the patient's **diagnosis** and **proposed treatment**, other **treatment options**, **risks and benefits** of the proposed treatment, and **risks of refusing the proposed treatment**. In this case, the surgeon has not yet addressed the risks to the patient if the surgery is not performed (eg, increased risk of subsequent cardiovascular events).

The informed consent discussion should be conducted by the surgeon who will perform the procedure and should use language that is easily comprehended. The patient must be given an opportunity to ask questions. The content of the informed consent discussion should be documented in the patient's medical record.

(Choice A) Information regarding cost is not a required component of informed consent. This information likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

(Choice B) Disclosure of the mortality rate of a procedure performed by the surgeon is not a required element of informed consent. However, if asked, a physician must answer truthfully and disclose this information.

(Choice C) Although all patients have the right to a second opinion, explicitly stating this option is not a requirement of the informed consent process.

(Choice E) Discussing the risks of anesthetic agents is outside the surgeon's scope of practice. This should be discussed during the informed consent process with the anesthesiologist, which is typically conducted as part of the preanesthesia evaluation.

Educational objective:
The essential components of informed consent include explanation of the patient's diagnosis and proposed treatment, other treatment options, the risks and benefits of the proposed treatment, and the risks of refusing the proposed treatment.

References

- Informed consent for surgery: risk discussion and documentation.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Informed consent
Subject	System	Topic

A 29-year-old man comes to the urgent care clinic for evaluation of a sore throat and nasal congestion. After waiting for 2 hours, he is taken to an examination room. Vital signs are within normal limits. When the physician enters the room, the patient loudly says, "I've been here for hours, and there were barely any people in the waiting room. I'm missing work to be here." In addition to thanking the patient for waiting, which of the following initial responses by the physician is most appropriate?

A. "I apologize for the delay; let's talk about the symptoms you've been experiencing."

B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently."

C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity."

D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable."

E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long."

Submit

A 29-year-old man comes to the urgent care clinic for evaluation of a sore throat and nasal congestion. After waiting for 2 hours, he is taken to an examination room. Vital signs are within normal limits. When the physician enters the room, the patient loudly says, "I've been here for hours, and there were barely any people in the waiting room. I'm missing work to be here." In addition to thanking the patient for waiting, which of the following initial responses by the physician is most appropriate?

- ✓ A. "I apologize for the delay; let's talk about the symptoms you've been experiencing." (66%)
- B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently." (9%)
- C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity." (2%)
- D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable." (0%)
- E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long." (20%)

Omitted
Correct answer
A

66%
Answered correctly

01 sec
Time Spent

03/23/2020
Last Updated

Explanation

Patient-centered communication involves being responsive to the **patient's perspective**. Initial interactions are particularly important because they set the foundation for the physician-patient relationship. Acknowledging the patient's perspective and being **respectful**, **nondefensive**, and **nonjudgmental** are important for developing rapport and fostering the physician-patient relationship.

In this scenario, the patient is upset because he waited 2 hours and missed work, which is compounded by his perception that the wait was avoidable. The best approach is to offer a straightforward apology for the delay, instead of attempting to justify it, and then focus on the reason for the visit. This response keeps the focus on the patient's needs and perspective.

Explanation

Patient-centered communication involves being responsive to the **patient's perspective**. Initial interactions are particularly important because they set the foundation for the physician-patient relationship. Acknowledging the patient's perspective and being **respectful**, **nondefensive**, and **nonjudgmental** are important for developing rapport and fostering the physician-patient relationship.

In this scenario, the patient is upset because he waited 2 hours and missed work, which is compounded by his perception that the wait was avoidable. The best approach is to offer a straightforward apology for the delay, instead of attempting to justify it, and then focus on the reason for the visit. This response keeps the focus on the patient's needs and perspective.

(Choice B) This response attempts to justify why the waiting room is empty rather than acknowledging the impact of the delay on the patient. It is likely to be perceived as defensive and does not foster the physician-patient relationship.

(Choices C and D) These responses assume that the patient's condition is not serious or urgent. They may also convey that the patient's concerns are being given lower priority and insinuate that the patient made a mistake in coming to an urgent care clinic. A patient who is already frustrated is likely to experience these comments as dismissive and judgmental.

(Choice E) Although this statement acknowledges the patient's perspective, it does not attempt to defuse and could possibly increase the patient's anger. Focusing on the reason for the patient's visit is likely to be more productive.

Educational objective:
Patient-centered communication involves acknowledging the patient's perspective, showing respect, and being nondefensive and nonjudgmental. Long delays are best handled with a straightforward apology and a focus on the patient's concerns.

References

- "Best practice" for patient-centered communication: a narrative review.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 75-year-old woman is hospitalized for a bowel obstruction related to adhesions from previous uterine cancer surgery and radiation. She has a history of hypertension, atrial fibrillation, and peripheral vascular disease. After a prolonged hospital course complicated by a pulmonary embolus, she is discharged on multiple medications, including a higher dose of her warfarin. The patient is scheduled for follow-up appointments with her internist, gynecologist, cardiologist, and gastroenterologist. She lives by herself and has been able to successfully manage her care needs in the past. Her adult daughter is supportive but lives out of state. Which of the following interventions would be most effective in improving her adherence to outpatient treatment?

A. Emphasize the importance of adherence to treatment during the discharge process

B. Ensure that the discharge summary is sent to all outpatient specialists

C. Provide the patient with a detailed copy of her hospital course

D. Provide the patient with a checklist to keep track of her medications and follow-up appointments

E. Review discharge instructions with the patient's daughter

Submit

A 75-year-old woman is hospitalized for a bowel obstruction related to adhesions from previous uterine cancer surgery and radiation. She has a history of hypertension, atrial fibrillation, and peripheral vascular disease. After a prolonged hospital course complicated by a pulmonary embolus, she is discharged on multiple medications, including a higher dose of her warfarin. The patient is scheduled for follow-up appointments with her internist, gynecologist, cardiologist, and gastroenterologist. She lives by herself and has been able to successfully manage her care needs in the past. Her adult daughter is supportive but lives out of state. Which of the following interventions would be most effective in improving her adherence to outpatient treatment?

A. Emphasize the importance of adherence to treatment during the discharge process (5%)

B. Ensure that the discharge summary is sent to all outpatient specialists (4%)

C. Provide the patient with a detailed copy of her hospital course (1%)

✓ D. Provide the patient with a checklist to keep track of her medications and follow-up appointments (84%)

E. Review discharge instructions with the patient's daughter (4%)

Omitted
Correct answer
D

84%
Answered correctly

01 sec
Time Spent

01/29/2020
Last Updated

Explanation

The transition from hospital to outpatient care is a time of high risk for patients. Individuals with multiple medical problems, complex medication regimens, low health literacy, and poor social support are at particularly high risk. The most effective strategy for decreasing adverse outcomes and preventing avoidable readmissions is a structured approach that uses a comprehensive **discharge checklist**. The checklist should provide instructions at the appropriate literacy level and patient education materials to facilitate a successful transition from the hospital to the outpatient

Explanation

The transition from hospital to outpatient care is a time of high risk for patients. Individuals with multiple medical problems, complex medication regimens, low health literacy, and poor social support are at particularly high risk. The most effective strategy for decreasing adverse outcomes and preventing avoidable readmissions is a structured approach that uses a comprehensive **discharge checklist**. The checklist should provide instructions at the appropriate literacy level and patient education materials to facilitate a successful transition from the hospital to the outpatient setting. Key elements of the discharge checklist include detailed instructions regarding medications (their purpose, dosing schedule, and adverse events), follow-up appointments with the primary care provider and any specialists, pending laboratory measurements or tests, and an emergency contact number with specific directions on when to call. Medication changes that have occurred during the hospitalization (eg, new medications, discontinued medications, changes in dose or frequency) should be clearly identified on the checklist to reduce the risk of medication errors.

(Choice A) Although emphasizing the importance of adherence to treatment is beneficial, a detailed list with specific instructions regarding medications and follow-up that the patient can refer to at home would be more helpful. Patients are frequently overwhelmed by verbal information at the time of discharge and can benefit from a written checklist.

(Choice B) Communication with outpatient specialists is an important component of the discharge process, but it does not help the patient manage the complex follow-up tasks required.

(Choice C) A discharge summary is prepared by the hospital physician to document the hospital course and assist other medical providers and support staff in the care of the patient. It uses technical language that may be confusing to the patient. In contrast, the discharge instruction checklist uses simple and clear language intended to optimize patient understanding.

(Choice E) Reviewing discharge instructions with the patient's daughter would be appropriate if the patient lived with her or if the daughter was helping the patient obtain medication or was providing transportation to follow-up appointments.

Educational objective:
A discharge checklist detailing medication changes and follow-up appointments can significantly facilitate a patient's transition from the hospital and improve adherence to outpatient treatment. Individuals who experience a smooth transition from the inpatient to the outpatient setting are at lower risk for early rehospitalization.

References

setting. Key elements of the discharge checklist include detailed instructions regarding medications (their purpose, dosing schedule, and adverse events), follow-up appointments with the primary care provider and any specialists, pending laboratory measurements or tests, and an emergency contact number with specific directions on when to call. Medication changes that have occurred during the hospitalization (eg, new medications, discontinued medications, changes in dose or frequency) should be clearly identified on the checklist to reduce the risk of medication errors.

(Choice A) Although emphasizing the importance of adherence to treatment is beneficial, a detailed list with specific instructions regarding medications and follow-up that the patient can refer to at home would be more helpful. Patients are frequently overwhelmed by verbal information at the time of discharge and can benefit from a written checklist.

(Choice B) Communication with outpatient specialists is an important component of the discharge process, but it does not help the patient manage the complex follow-up tasks required.

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Educational objective:
A discharge checklist detailing medication changes and follow-up appointments can significantly facilitate a patient's transition from the hospital and improve adherence to outpatient treatment. Individuals who experience a smooth transition from the inpatient to the outpatient setting are at lower risk for early rehospitalization.

References

- Development of a checklist of safe discharge practices for hospital patients.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient safety
Subject	System	Topic

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A 26-year-old woman comes to the emergency department accompanied by her boyfriend for evaluation of a broken nose. With the boyfriend present, she explains that she tripped and fell in the bathroom, hitting her face on the countertop. When asked privately if she feels unsafe with her boyfriend, the patient says, "No, everything is fine. He just gets a little upset when he has too much to drink." When questioned further about how she sustained her nasal fracture, she says, "He pushed me and I fell, but I'm sure it won't happen again." After assessing the extent of the injuries, which of the following statements by the physician is the most appropriate?

A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?"

B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help."

C. "This relationship seems unsafe to me; can you help me understand why you remain in it?"

D. "You deserve to be safe; where could you go if you felt unsafe?"

E. "Your injury is concerning; do you understand why I am worried about your safety?"

Submit

A 26-year-old woman comes to the emergency department accompanied by her boyfriend for evaluation of a broken nose. With the boyfriend present, she explains that she tripped and fell in the bathroom, hitting her face on the countertop. When asked privately if she feels unsafe with her boyfriend, the patient says, "No, everything is fine. He just gets a little upset when he has too much to drink." When questioned further about how she sustained her nasal fracture, she says, "He pushed me and I fell, but I'm sure it won't happen again." After assessing the extent of the injuries, which of the following statements by the physician is the most appropriate?

A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?" (2%)

B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help." (9%)

C. "This relationship seems unsafe to me; can you help me understand why you remain in it?" (4%)

✓ D. "You deserve to be safe; where could you go if you felt unsafe?" (59%)

E. "Your injury is concerning; do you understand why I am worried about your safety?" (23%)

Omitted
Correct answer
D

59%
Answered correctly

01 sec
Time Spent

03/30/2020
Last Updated

Explanation

Assessment of intimate partner violence	
Signs	• Location of injuries (genitals, torso, face, head, neck) • Inconsistent explanation, evasive, fearful • Nonadherence to follow-up, emergency department visits

Assessment of intimate partner violence	
Signs	• Location of injuries (genitals, torso, face, head, neck) • Inconsistent explanation, evasive, fearful • Nonadherence to follow-up, emergency department visits • Partner who resists patient being seen alone • Discomfort in examination, STDs, chronic pelvic pain
Interview strategies	• Ensure privacy • Nonjudgmental, empathic, open-ended questions • Avoid pressuring to disclose abuse or report or leave partner • Assess immediate safety; determine emergency safety plan, provide referrals for resources as needed (shelters, domestic violence agency, mental health)

This patient shows several signs suggestive of **intimate partner violence (IPV)** (eg, head injury; inconsistent explanation of injury; reluctance to disclose, especially in partner's presence). As in this case, many people in abusive relationships do not seek assistance and may **minimize or deny abuse** due to shame, fear of partner retaliation, doubt that there is any alternative, or belief that the abuse is deserved.

The best initial approach is gentle, **supportive**, **open-ended inquiry** followed by a **safety assessment** and identification of emergency **safety plans**. Although the patient currently denies feeling unsafe, she should be asked if she has a plan in case violence escalates in the future. Helping the patient to develop a personalized safety plan (ie, identifying where the patient would go if feeling unsafe) is a priority.

(Choice A) Direct confrontation of this patient's denial would likely place the patient on the defensive and be perceived as unsupportive. This communication would be unlikely to overcome her reluctance to seek help for IPV.

(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient feeling abandoned and decrease the chances of her seeking assistance now and in the future.

(Choice C) The reasons why a patient stays in an abusive relationship are complex. Asking the patient why she remains in the relationship implies that she should have left; it is also likely to be perceived as judgmental and might discourage her from seeking help in the future.

deny abuse due to shame, fear of partner retaliation, doubt that there is any alternative, or belief that the abuse is deserved.

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(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient feeling abandoned and decrease the chances of her seeking assistance now and in the future.

(Choice C) The reasons why a patient stays in an abusive relationship are complex. Asking the patient why she remains in the relationship implies that she should have left; it is also likely to be perceived as judgmental and might discourage her from seeking help in the future.

(Choice E) Asking the patient if she understands why the physician is concerned is condescending and judgmental. It is a closed-ended question that would likely discourage the patient from discussing her own feelings and fears.

Educational objective:
Patients experiencing intimate partner violence should be approached in a supportive, nonjudgmental, open-ended manner. A thorough safety assessment and development of a personalized emergency safety plan are essential.

References

- Managing intimate partner violence in the emergency department.
- Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial.
- Intimate partner violence.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Intimate partner violence
Subject	System	Topic

A 55-year-old man is scheduled to have electrode implantation surgery for the treatment of advanced Parkinson disease. Three days before the procedure, the surgeon discusses the details of the operation, including associated risks and benefits, as well as alternate treatment options. The patient expresses understanding of the discussion and signs the consent form. In the preoperative room on the day of the procedure, however, he becomes anxious and nervously says, "I can't do this, doctor. I'm sorry. I don't want to have the surgery anymore." Which of the following is the most appropriate course of action?

A. Acknowledge the patient's concern and offer a sedative to alleviate anxiety

B. Ask the patient what has changed since he signed the consent form

C. Cancel and reschedule the operation for another time

D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it

E. Tell the patient that his anxiety is normal and he will feel better after the procedure

Submit

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- A. Acknowledge the patient's concern and offer a sedative to alleviate anxiety (4%)
- ✓ B. Ask the patient what has changed since he signed the consent form (78%)
- C. Cancel and reschedule the operation for another time (13%)
- D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it (1%)
- E. Tell the patient that his anxiety is normal and he will feel better after the procedure (1%)

Omitted
Correct answer
B

78%
Answered correctly

02 secs
Time Spent

05/12/2020
Last Updated

Explanation

Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness
	• Diagnosis

Explanation

Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness

Disclosure of key facts	• Diagnosis
	• Proposed treatment
	• Alternative treatment options
	• Risks/benefits of proposed treatment & alternatives
	  ◦ Common complications
	  ◦ Serious complications
	• Risks of refusing treatment

Other disclosures if applicable	• Role of residents & medical students • Anticipated additional procedures • Financial conflicts

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical treatment. In this case, informed consent was obtained 3 days prior, but the patient now states that he does not want the surgery. Patients have the **right to withdraw consent at any time**. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a **new discussion** of informed consent or informed refusal.

This patient has likely developed concerns about the procedure that were not discussed or fully addressed in the initial informed consent process. The best approach is to ask him what has changed and to explore his specific concerns related to the surgery in a nonjudgmental fashion, without pressuring him to reconsent.

(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

If applicable	• Financial conflicts

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical treatment. In this case, informed consent was obtained 3 days prior, but the patient now states that he does not want the surgery. Patients have the **right to withdraw consent at any time**. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a **new discussion** of informed consent or informed refusal.

This patient has likely developed concerns about the procedure that were not discussed or fully addressed in the initial informed consent process. The best approach is to ask him what has changed and to explore his specific concerns related to the surgery in a nonjudgmental fashion, without pressuring him to reconsent.

(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

(Choice C) Rescheduling the operation without first addressing the patient's concerns and conducting a new informed consent process is inappropriate.

(Choice D) Reviewing only the benefits of the procedure and the risks of no treatment may pressure the patient to reconsent. An informed consent discussion must also include the risks of the procedure and the risks/benefits of alternate treatments.

(Choice E) This patient has withdrawn consent for the procedure, making his signed consent no longer valid. The physician cannot proceed with surgery.

Educational objective:
Patients have the right to withdraw consent for a procedure at any time. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a new discussion of informed consent or informed refusal.

References

- Informed consent in clinical practice and literature overview.
- Interventions to promote informed consent for patients undergoing surgical and other invasive healthcare procedures.

A 39-year-old disheveled homeless woman walks into the emergency department complaining of abdominal pain. The woman smells strongly of alcohol and seems disoriented. She describes the abdominal pain as "real bad" but cannot specify when the pain first started, where it is localized, or what factors exacerbate or relieve the pain. She then adds that she does not have health insurance and has no money to pay for her care. What is the next best step in handling this situation?

A. Inform patient that she cannot receive care unless she pays in advance

B. Ask patient's family members to either assume liability for her bill or take her home

C. Provide appropriate medical screening exam and stabilize her condition

D. Transfer patient to the county hospital by ambulance immediately

E. Refer patient to a local free clinic for follow up next week

Submit

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A. Inform patient that she cannot receive care unless she pays in advance (0%)

B. Ask patient's family members to either assume liability for her bill or take her home (0%)

✓ C. Provide appropriate medical screening exam and stabilize her condition (98%)

D. Transfer patient to the county hospital by ambulance immediately (0%)

E. Refer patient to a local free clinic for follow up next week (0%)

Omitted
Correct answer
C

98%
Answered correctly

01 sec
Time Spent

04/15/2020
Last Updated

Explanation

Congress enacted The Emergency Medical Treatment and Active Labor Act (EMTALA) in 1986. This law was designed to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients, and allows for strict fines to be levied on any hospital found in violation of the Act. EMTALA imposes three primary requirements on hospitals that provide emergency services. First, the hospital must provide an appropriate screening medical exam to anyone who comes to the ED seeking medical care **(Choice C)**. Second, if such an individual has an emergency medical condition, the hospital must treat and stabilize the emergency condition. Third, the hospital must not transfer an individual with an emergency medical condition that has not been stabilized unless several complex conditions are met.

C

Explanation

Congress enacted The Emergency Medical Treatment and Active Labor Act (EMTALA) in 1986. This law was designed to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients, and allows for strict fines to be levied on any hospital found in violation of the Act. EMTALA imposes three primary requirements on hospitals that provide emergency services. First, the hospital must provide an appropriate screening medical exam to anyone who comes to the ED seeking medical care **(Choice C)**. Second, if such an individual has an emergency medical condition, the hospital must treat and stabilize the emergency condition. Third, the hospital must not transfer an individual with an emergency medical condition that has not been stabilized unless several complex conditions are met.

Refusing care without advance payment from the patient **(Choice A)** or from her family members **(Choice B)** is in violation of EMTALA and therefore incorrect.

An appropriate medical screening exam and stabilization should be done before transferring the patient to any other facility **(Choice D)**. Moreover, any such transfers must be arranged in compliance with EMTALA.

Referring the patient to a free clinic **(Choice E)** is also in violation of EMTALA. It is possible that this patient is quite ill and in need of urgent medical care. To postpone evaluation until next week could endanger her life.

Educational objective:
The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted by Congress to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients. All patients who present to the emergency department must receive an appropriate screening medical exam and stabilization of their condition, regardless of ability to pay.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Beneficence
Subject	System	Topic

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A 38-year-old woman comes to the office due to worsening dysmenorrhea and tension headaches for the past 3 months. She was recently promoted to school principal and says, "It is more stressful than I anticipated; I often have to work late to catch up on paperwork and am not sleeping very well." The patient is married and has no children. While answering questions regarding her sexual history, she bursts into tears. When the physician asks the patient what is upsetting her, she covers her face and says she was sexually abused as a child. Which of the following is the most appropriate response to the patient?

A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?"

B. "I can see this is upsetting for you; we can talk about this another time when you're ready."

C. "I understand how difficult this is to discuss; could you tell me more about what happened?"

D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?"

E. "This must be very painful to talk about; I'm here to listen and help you through this."

Submit

A 38-year-old woman comes to the office due to worsening dysmenorrhea and tension headaches for the past 3 months. She was recently promoted to school principal and says, "It is more stressful than I anticipated; I often have to work late to catch up on paperwork and am not sleeping very well." The patient is married and has no children. While answering questions regarding her sexual history, she bursts into tears. When the physician asks the patient what is upsetting her, she covers her face and says she was sexually abused as a child. Which of the following is the most appropriate response to the patient?

A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?" (3%)

B. "I can see this is upsetting for you; we can talk about this another time when you're ready." (5%)

C. "I understand how difficult this is to discuss; could you tell me more about what happened?" (5%)

D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?" (3%)

✓ E. "This must be very painful to talk about; I'm here to listen and help you through this." (81%)

Omitted
Correct answer
E

81%
Answered correctly

01 sec
Time Spent

04/14/2020
Last Updated

Explanation

Physicians must respond to **revelations** of sexual **abuse** with clear expressions of empathy and support. Conveying **empathy** by acknowledging the patient's distress and a **willingness to listen** to the patient's thoughts and feelings about the abuse is the most appropriate initial response. This empathic acknowledgment will help the patient feel understood and strengthen the physician-patient relationship. Once this initial support is established, further resources and referrals can be offered as needed.

Patients will have varying degrees of comfort in discussing prior trauma, and the physician should **follow** the **patient's lead** in exploring this

Physicians must respond to **revelations** of sexual **abuse** with clear expressions of empathy and support. Conveying **empathy** by acknowledging the patient's distress and a **willingness to listen** to the patient's thoughts and feelings about the abuse is the most appropriate initial response. This empathic acknowledgment will help the patient feel understood and strengthen the physician-patient relationship. Once this initial support is established, further resources and referrals can be offered as needed.

Patients will have varying degrees of comfort in discussing prior trauma, and the physician should **follow** the **patient's lead** in exploring this sensitive area. Patients should be given the opportunity to talk about the abuse but should not be pressured into doing so. Some patients may indicate that they are not ready or willing to talk more about the trauma. In these cases, the physician should acknowledge the trauma and convey willingness to discuss it in the future.

(Choice A) Although referral to a therapist may be indicated later, the physician should initially communicate willingness to hear about the trauma directly.

(Choice B) This statement acknowledges the patient's distress but assumes that she does not wish to talk about the abuse. It may also convey that the physician does not want to listen. It is more appropriate to provide an opportunity for the patient to disclose details if she is willing.

(Choice C) This response puts pressure on the patient to provide further details without first assessing her willingness to divulge more about the abuse.

(Choice D) This statement expresses sympathy (feeling sorry for) rather than empathy (understanding the patient's feelings) and redirects the conversation away from the patient's emotional distress to screening her for symptoms of posttraumatic stress disorder. This could be perceived by the patient as an implicit message that the physician is not comfortable with or willing to discuss her emotions. Asking further questions about her response to the trauma could be appropriate later in the interview.

Educational objective:
Physicians should respond to disclosure of past sexual abuse with empathy and concern. Clearly acknowledging the trauma and communicating a willingness to discuss it when the patient is ready will help strengthen the physician-patient relationship.

References

- Standard operating procedures for taking a sexual history.
- Best practices in North American pre-clinical medical education in sexual history taking: consensus from the summits in medical education in sexual health

indicate that they are not ready or willing to talk more about the trauma. In these cases, the physician should acknowledge the trauma and convey willingness to discuss it in the future.

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Physicians should respond to disclosure of past sexual abuse with empathy and concern. Clearly acknowledging the trauma and communicating a willingness to discuss it when the patient is ready will help strengthen the physician-patient relationship.

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- Standard operating procedures for taking a sexual history.
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Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 28-year-old woman, gravida 2 para 1, comes to the emergency department for evaluation of vaginal bleeding. The patient has had bright red spotting for the past 24 hours but no contractions or leakage of fluid. She is at 31 weeks gestation by last menstrual period and has not had prenatal care this pregnancy. Her first pregnancy ended in an uncomplicated spontaneous vaginal delivery at term. Vital signs and fetal heart rate tracing are normal. Physical examination shows a nontender uterus consistent in size with 31 weeks gestation. A pelvic ultrasound reveals a complete placenta previa. The findings are discussed with the patient, and she states that she would still like to have a vaginal delivery. The physician says, "Unfortunately, the only safe option for delivery is a cesarean delivery." The physician's statement is an example of which of the following ethical principles?

- A. Assisted decision-making
- B. Directive counseling
- C. Informed refusal
- D. Shared decision-making
- E. Substituted judgment

Submit

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- A. Assisted decision-making (12%)
- ✓ B. Directive counseling (53%)
- C. Informed refusal (18%)
- D. Shared decision-making (4%)
- E. Substituted judgment (11%)

Omitted
Correct answer
B

53%
Answered correctly

02 secs
Time Spent

05/02/2020
Last Updated

Explanation

Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when discussing ≥2 medically reasonable treatment options **(Choice D)**. However, when there is **only 1 medically reasonable treatment option** that has clearly superior evidence-based support, it is ethically appropriate for the physician to provide **directive counseling**, in which only a single

Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when discussing ≥2 medically reasonable treatment options **(Choice D)**. However, when there is **only 1 medically reasonable treatment option** that has clearly superior evidence-based support, it is ethically appropriate for the physician to provide **directive counseling**, in which only a single treatment option is recommended to a patient.

This patient has a complete placenta previa, a condition in which the entire placenta covers the cervix, which is associated with a **high risk** of maternal (eg, hemorrhage) and fetal (eg, intrauterine demise) morbidity and mortality with vaginal delivery. Due to these risks, the only safe option for delivery, as stated to this patient, is cesarean delivery. Although this patient prefers a vaginal delivery, it is inappropriate for the physician to discuss this choice as a safe and reasonable option. It is the physician's ethical responsibility to advise against it and provide directive counseling by explaining why a cesarean delivery is medically necessary.

(Choice A) Assisted decision-making occurs when a family member or other caregiver helps the patient in making a medical decision (but does not make the decision for the patient). Common scenarios include when patients have intellectual disability or a potentially reversible impairment in decision-making capacity (eg, fluctuating mental illness [schizophrenia]).

(Choice C) Informed refusal refers to the patient's refusal of a recommended medical treatment following an informed consent discussion (including full disclosure of the risks of refusing treatment). This would occur in this case if, after discussion of the need for cesarean delivery, the patient refuses the procedure.

(Choice E) Substituted judgment occurs when a surrogate decision-maker makes a health care decision for an incapacitated patient based on the surrogate's knowledge of the patient's wishes and values.

Educational objective:
Directive counseling is ethically appropriate when only one treatment option is medically reasonable and has clearly superior evidence-based support. Patients with complete placenta previa should be counseled that cesarean delivery is medically necessary.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Informed consent
Subject	System	Topic

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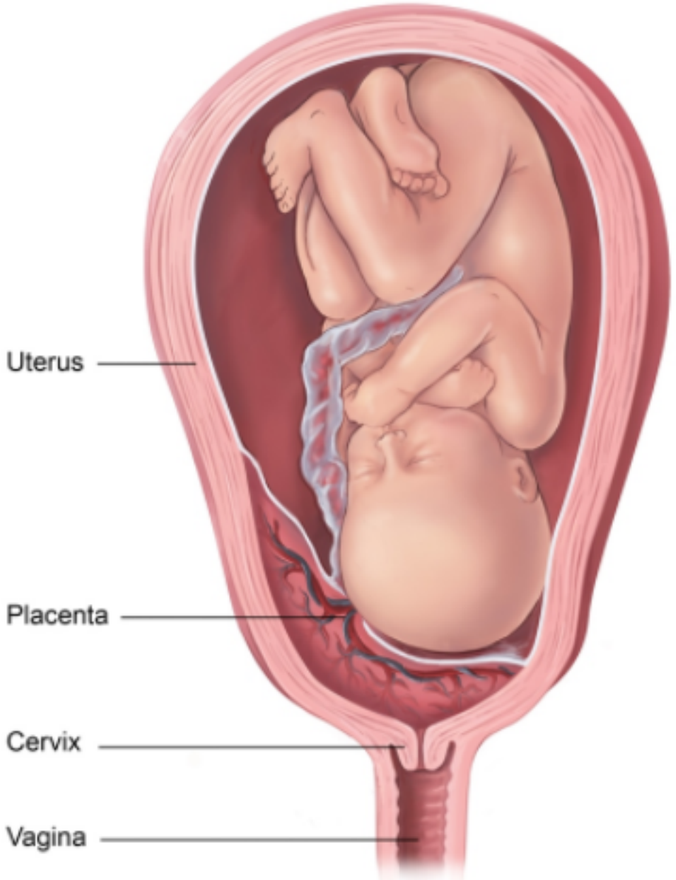
Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when

Exhibit Display

Placenta previa



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A 38-year-old woman is admitted to the hospital overnight due to cellulitis. The next morning, the hospitalist on service introduces herself to the patient and asks how she is feeling. The patient angrily says, "It's almost lunchtime, and I still haven't gotten my breakfast. How am I supposed to get better when you're starving me?" The patient has an order to receive a regular diet. Which of the following is the most appropriate response by the physician?

A. "Hunger can make anyone upset, so I'll come back after you've eaten."

B. "I apologize for the delay, but I'm sure your food will be here shortly."

C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know."

D. "Since I am here, let me examine you first and follow up on your breakfast afterward."

E. "You must be very hungry, so let me find out what happened to your meal."

Submit

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A. "Hunger can make anyone upset, so I'll come back after you've eaten." (0%)

B. "I apologize for the delay, but I'm sure your food will be here shortly." (13%)

C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know." (1%)

D. "Since I am here, let me examine you first and follow up on your breakfast afterward." (7%)

✓ E. "You must be very hungry, so let me find out what happened to your meal." (77%)

Omitted
Correct answer
E

77%
Answered correctly

02 secs
Time Spent

03/12/2020
Last Updated

Explanation

In this scenario, the physician has an **initial encounter** with an **angry patient** who is upset about an aspect of her care that is not under the physician's direct control. Nevertheless, it is the physician's responsibility to be **responsive** to the **patient's immediate concerns**, attempt to defuse her anger, and build the physician-patient relationship. The physician should acknowledge the cause of the patient's distress (ie, hunger), remain nondefensive, and offer to obtain further information that could **help resolve the issue** (eg, confirming correct diet was ordered; checking with the nursing staff).

The physician should maintain a professional demeanor and avoid responding to the patient's anger with comments that may be interpreted as

Explanation

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The physician should maintain a professional demeanor and avoid responding to the patient's anger with comments that may be interpreted as dismissive, defensive, or sarcastic. Being responsive to the patient's immediate concerns is more likely to build rapport, help the patient feel understood and lay a positive foundation for the physician patient relationship.

(Choice A) This statement acknowledges the patient's distress but makes no attempt to respond to her concern.

(Choice B) This statement offers an apology but inappropriately reassures the patient that the problem has been resolved when this is unknown.

(Choice C) This statement may be interpreted as defensive because it focuses on explaining that the problem is not the physician's responsibility. Quickly addressing the patient's needs is more likely to defuse the situation and build the physician-patient relationship.

(Choice D) Deferring resolution of the issue until after the examination is unlikely to defuse the patient's immediate anger and could, in turn, negatively affect her cooperation with the examination.

Educational objective:
Initial encounters with angry patients are best managed by acknowledging their distress and responding to their immediate concerns.

References

- Defusing the angry patient: 25 tips.
- Managing difficult encounters: understanding physician, patient, and situational factors.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

A 28-year-old woman comes to the office for a regularly scheduled prenatal appointment. Her pregnancy has been going well and the patient says that she is thrilled to be having a baby after trying to become pregnant for several years. She and her husband experienced considerable strain in their marriage as they went through multiple unsuccessful fertility treatments. During the visit, the physician orders some blood work and performs a 1-hour glucose challenge test. The patient becomes apprehensive when this is mentioned and begins to ask questions about the purpose of the testing. When asked about her concern, she confides that the fetus is not her husband's child. Her husband is also the physician's patient, and she asks the physician not to tell him about this because "it will ruin everything." Which of the following is the most appropriate response by the physician?

A. I am obligated to tell him as he is my patient and it is in his best interest to know.

B. I will not inform your husband, but please consider telling him the truth.

C. I will not tell him, but I am obligated to inform the biological father.

D. I will not tell him, but keeping this from your husband will have many negative effects.

E. I will not tell your husband.

Submit

A 28-year-old woman comes to the office for a regularly scheduled prenatal appointment. Her pregnancy has been going well and the patient says that she is thrilled to be having a baby after trying to become pregnant for several years. She and her husband experienced considerable strain in their marriage as they went through multiple unsuccessful fertility treatments. During the visit, the physician orders some blood work and performs a 1-hour glucose challenge test. The patient becomes apprehensive when this is mentioned and begins to ask questions about the purpose of the testing. When asked about her concern, she confides that the fetus is not her husband's child. Her husband is also the physician's patient, and she asks the physician not to tell him about this because "it will ruin everything." Which of the following is the most appropriate response by the physician?

- A. I am obligated to tell him as he is my patient and it is in his best interest to know. (1%)
- B. I will not inform your husband, but please consider telling him the truth. (35%)
- C. I will not tell him, but I am obligated to inform the biological father. (2%)
- D. I will not tell him, but keeping this from your husband will have many negative effects. (4%)
- ✓ E. I will not tell your husband. (55%)

Omitted
Correct answer
E

55%
Answered correctly

01 sec
Time Spent

01/25/2020
Last Updated

Explanation

Physicians are ethically obligated to **respect patient autonomy** and **protect patient confidentiality**, keeping all personal health information private unless the patient gives specific consent to release the information. Maintaining patient confidentiality is essential to developing a trusting physician-patient relationship as patients would otherwise be less likely to share sensitive information, which could negatively impact their care.

Explanation

Physicians are ethically obligated to **respect patient autonomy** and **protect patient confidentiality**, keeping all personal health information private unless the patient gives specific consent to release the information. Maintaining patient confidentiality is essential to developing a trusting physician-patient relationship as patients would otherwise be less likely to share sensitive information, which could negatively impact their care. This is particularly critical for issues that might be stigmatizing, such as reproductive, sexual, substance use, and mental health concerns. Confidentiality assures that **private information not be disclosed** to family or employers without the patient's explicit consent. This patient's request not to inform her husband should be respected.

Exceptions to confidentiality include the following:

- Suspected child, disabled person, or elder abuse (reporting laws for spousal abuse vary by state)
- Knife or gunshot wounds
- Diagnosis of a reportable communicable disease
- Threats to harm self or others and reasonable ability to carry out the threat in the near future

(Choice A) The physician's primary duty is to protect the patient's confidentiality regardless of whether her husband is a patient or not. Imposing one's personal belief that it would be in the husband's best interest to know is inappropriate.

(Choices B and D) These statements could be considered directive and/or judgmental by the patient. The physician should be neutral with regard to the patient's decision and not force her into actions or a conversation with which she may be uncomfortable. It would be appropriate to inquire about the patient's concerns, specifically if there are any safety concerns.

(Choice C) The physician has no legal or ethical obligation to inform the biological father. Under current law, a father has no legal right to know that a child is his unless he is ordered to make child support payments.

Educational objective:
Patient confidentiality is strongly protected because patients must feel free to disclose details of all aspects of their lives so that physicians can provide optimal care. Exceptions to patient confidentiality include suspected child, disabled person, or elder abuse; knife or gunshot wounds; diagnosis of a reportable communicable disease; and patients at risk of physically harming themselves or others.

References

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References

- From Hippocrates to HIPAA: privacy and confidentiality in emergency medicine--part I: conceptual, moral, and legal foundations.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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A 52-year-old man diagnosed with advanced pancreatic cancer comes to the oncologist for follow-up. His cancer is unresectable and he is receiving palliative treatment. The physician has previously discussed his prognosis at length. The patient stopped working 2 months ago, has lost 22.6 kg (50 lb), and now feels too weak to play with his children. During his visit, he says, "I am a survivor and know I can beat this. I'm going to do whatever I can to be around for my kids." Which of the following is the most appropriate response to the patient at this time?

A. "I am concerned that you are in denial about your prognosis."

B. "It will be important for you to prepare your children for your death."

C. "Unfortunately, there is no cure for pancreatic cancer and there is nothing else we can do."

D. "We can hope for the best, but let's focus on how to maximize the remaining time with your children."

E. "You are going through a normal stage of grief, which will eventually result in acceptance."

Submit

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- A. "I am concerned that you are in denial about your prognosis." (4%)
- B. "It will be important for you to prepare your children for your death." (1%)
- C. "Unfortunately, there is no cure for pancreatic cancer and there is nothing else we can do." (2%)
- ✓ D. "We can hope for the best, but let's focus on how to maximize the remaining time with your children." (90%)
- E. "You are going through a normal stage of grief, which will eventually result in acceptance." (2%)

Omitted
Correct answer
D

90%
Answered correctly

01 sec
Time Spent

01/11/2020
Last Updated

Explanation

The physician is confronted with a patient who is in denial about his terminal illness and remains unrealistically hopeful about surviving pancreatic cancer (median prognosis 8-12 months for unresectable, locally advanced disease and 3-6 months for metastatic disease). According to Elizabeth Kubler-Ross's model of grief, patients may go through 5 stages in coping with terminal illness (Table).

Five stages of grief – terminal illness	

The physician is confronted with a patient who is in denial about his terminal illness and remains unrealistically hopeful about surviving pancreatic cancer (median prognosis 8-12 months for unresectable, locally advanced disease and 3-6 months for metastatic disease). According to Elizabeth Kubler-Ross's model of grief, patients may go through 5 stages in coping with terminal illness (Table).

Five stages of grief – terminal illness	
Denial	Denies illness, severity, or prognosis
Anger	Directly expressed or may be displaced onto physician or others
Bargaining	Tries to "strike a bargain" in return for surviving illness
Depression	Becomes sad, detached, hopeless
Acceptance	Comes to terms with impending death, "at peace"

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Although previously thought to occur in sequence, patients may experience stages of grief in a different order or only some of the stages. Patient reactions to terminal illness are variable and mediated by coping style, personality, culture, values, and religious beliefs. Hope, even when unrealistic, can be a powerful mechanism to help patients cope with painful emotions and the ordeal of treatment. The best approach to a patient in denial is to first determine whether the denial is interfering with medical care (eg, patient refusing a curative treatment) or significant relationships. This patient's denial is not interfering with his receiving treatment or his relationships; therefore, his denial should not be confronted. The physician should validate the patient's hope but encourage him to focus on short-term plans to maximize his participation in areas that give meaning to his life (ie, spending quality time with his children).

(Choices A and C) These statements directly confront the patient's denial and are not indicated as it does not interfere with his medical care or significant relationships. Removing hope may have a detrimental effect on the patient's ability to cope with the stress of terminal illness.

Acceptance	Comes to terms with impending death; at peace

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Although previously thought to occur in sequence, patients may experience stages of grief in a different order or only some of the stages. Patient reactions to terminal illness are variable and mediated by coping style, personality, culture, values, and religious beliefs. Hope, even when unrealistic, can be a powerful mechanism to help patients cope with painful emotions and the ordeal of treatment. The best approach to a patient in denial is to first determine whether the denial is interfering with medical care (eg, patient refusing a curative treatment) or significant relationships. This patient's denial is not interfering with his receiving treatment or his relationships; therefore, his denial should not be confronted. The physician should validate the patient's hope but encourage him to focus on short-term plans to maximize his participation in areas that give meaning to his life (ie, spending quality time with his children).

(Choices A and C) These statements directly confront the patient's denial and are not indicated as it does not interfere with his medical care or significant relationships. Removing hope may have a detrimental effect on the patient's ability to cope with the stress of terminal illness.

(Choice B) Although helping the patient's children cope with his impending death is important, the patient would unlikely be receptive to discussion at this stage.

(Choice E) Not all patients go through all stages of grief, and this statement focuses more on clinical jargon than on the patient's emotional needs at this time.

Educational objective:
Patients faced with terminal illness may experience stages of grief, including denial, anger, bargaining, depression, and acceptance. Denial that does not impair relationships or interfere with patient care should not be confronted.

References

- An empirical examination of the stage theory of grief.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Terminal illness
Subject	System	Topic

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A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

- A. Advise the patient to stay with a relative for the duration of the pregnancy
- B. Provide information about a domestic violence program
- C. Recommend the patient file a restraining order against her boyfriend
- D. Refer the patient and her boyfriend to couples' counseling
- E. Suggest the patient bring her boyfriend to the next appointment

Submit

A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

- A. Advise the patient to stay with a relative for the duration of the pregnancy (15%)
- ✓ B. Provide information about a domestic violence program (76%)
- C. Recommend the patient file a restraining order against her boyfriend (0%)
- D. Refer the patient and her boyfriend to couples' counseling (1%)
- E. Suggest the patient bring her boyfriend to the next appointment (6%)

Omitted
Correct answer
B

76%
Answered correctly

01 sec
Time Spent

06/05/2020
Last Updated

Explanation

Intimate partner violence	
Evaluation	• Routine annual examination • Suspicious signs/symptoms (eg, bruising) • Prenatal visits

Explanation

Intimate partner violence	
Evaluation	• Routine annual examination • Suspicious signs/symptoms (eg, bruising) • Prenatal visits
Consequences	• Homicide • Mental health disorders (eg, PTSD) • Unintended pregnancy • Pregnancy complications (eg, abruptio placentae) • Sexually transmitted infections
Management	• Safety planning (eg, local shelter referral) • Psychosocial counseling

PTSD = posttraumatic stress disorder.

This patient at 8 weeks gestation with bruising is affected by **intimate partner violence** (IPV), which is any type of physical, psychologic, or sexual harm committed by a partner or spouse. During **pregnancy and postpartum**, patients and their partners experience marked increases in emotional, physical, and financial stressors. Initially, partners may be angry about the pregnancy but can later become supportive and exhibit gentler behavior. However, as pressure and responsibility increase, the partner may begin to blame the patient and pregnancy.

These factors can cause an increase in IPV during pregnancy, particularly in patients who experienced IPV prepregnancy. Because physical violence is typically directed at both the patient and the fetus (eg, hitting the pregnant abdomen), pregnant women are at significant risk for **maternal morbidity** (eg, injury, depression), homicide, and **pregnancy complications** (eg, preterm labor, abruptio placentae) due to abdominal trauma.

Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients who screen positive should be

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Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients who screen positive should be **assessed for immediate safety** and given additional resources (eg, information about a **domestic violence program**) for long-term safety planning (eg, housing, childcare, finances). In some jurisdictions, there may also be mandatory reporting requirements for IPV during pregnancy.

(Choice A) Advising the patient to stay with a relative for the duration of the pregnancy is not recommended because the provider cannot predict the partner's response (eg, potential increase in violence) or new safety concerns that may arise if the patient abruptly relocates.

(Choice C) Recommending the patient file a restraining order against her boyfriend is inappropriate; the duty of the provider is to assess for imminent risk and provide medical and psychosocial resources, not to offer legal advice. In addition, a restraining order may cause the partner to retaliate.

(Choices D and E) Referring the patient and her boyfriend to couples' therapy or recommending that the patient bring her boyfriend to the next prenatal appointment is inappropriate because confrontation or involvement of the partner at this time could endanger both the patient and the provider.

Educational objective:
Intimate partner violence (IPV) increases during pregnancy and the postpartum period and can cause significant maternal and pregnancy complications. Pregnant patients affected by IPV require immediate safety planning (eg, information about a domestic violence program) and resources for long-term planning.

violence is typically directed at both the patient and the fetus (eg, hitting the pregnant abdomen), pregnant women are at significant risk for **maternal morbidity** (eg, injury, depression), homicide, and **pregnancy complications** (eg, preterm labor, abruptio placentae) due to abdominal trauma.

Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients who screen positive should be **assessed for immediate safety** and given additional resources (eg, information about a **domestic violence program**) for long-term safety planning (eg, housing, childcare, finances). In some jurisdictions, there may also be mandatory reporting requirements for IPV during pregnancy.

(Choice A) Advising the patient to stay with a relative for the duration of the pregnancy is not recommended because the provider cannot predict the partner's response (eg, potential increase in violence) or new safety concerns that may arise if the patient abruptly relocates.

(Choice C) Recommending the patient file a restraining order against her boyfriend is inappropriate; the duty of the provider is to assess for imminent risk and provide medical and psychosocial resources, not to offer legal advice. In addition, a restraining order may cause the partner to retaliate.

(Choices D and E) Referring the patient and her boyfriend to couples' therapy or recommending that the patient bring her boyfriend to the next prenatal appointment is inappropriate because confrontation or involvement of the partner at this time could endanger both the patient and the provider.

Educational objective:
Intimate partner violence (IPV) increases during pregnancy and the postpartum period and can cause significant maternal and pregnancy complications. Pregnant patients affected by IPV require immediate safety planning (eg, information about a domestic violence program) and resources for long-term planning.

References

- Intimate partner violence identified through routine antenatal screening and maternal and perinatal health outcomes.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Intimate partner violence
Subject	System	Topic

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A 78-year-old man with end-stage esophageal cancer is admitted to the hospital with severe malnutrition and failure to thrive. The patient's caretaker says that he has not been able to eat or drink for the last 3 weeks. His weight dropped from 72.6 kg (160 lb) to 63.5 kg (140 lb) during that time. The cancer has spread to his lungs and liver. The patient does not wish to receive any further treatment for the cancer and specifies that he wants no heroic measures or interventions to keep him alive. His physician considers referral to hospice care. Which of the following is a requirement for referring a patient for hospice care?

A. Patient has a diagnosis of end-stage cancer

B. Patient has a do-not-resuscitate order

C. Patient has decision-making capacity

D. Patient has a prognosis of ≤6 months

E. Patient has a prognosis of ≤3 months

Submit

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- A. Patient has a diagnosis of end-stage cancer (10%)
- B. Patient has a do-not-resuscitate order (11%)
- C. Patient has decision-making capacity (10%)
- ✓ D. Patient has a prognosis of ≤6 months (54%)
- E. Patient has a prognosis of ≤3 months (12%)

Omitted
Correct answer
D

54%
Answered correctly

01 sec
Time Spent

05/30/2020
Last Updated

Explanation

Hospice care is usually provided to terminally ill patients with **a prognosis of ≤6 months**, when aggressive, curative treatments are no longer beneficial or desired. The largest population receiving hospice care consists of cancer patients, but also includes those with other terminal medical conditions (eg, end-stage cardiomyopathy, end-stage chronic obstructive pulmonary disease, pulmonary fibrosis). The physician must substantiate a prognosis of ≤6 months with documentation of irreversible decline in clinical and functional status.

Explanation

Hospice model
• Focus on quality of life, not cure or life prolongation • Symptom control (pain, nausea, dyspnea, agitation, anxiety, depression) • Interdisciplinary team (medical, nursing, psychosocial, spiritual, bereavement care) • Services provided at home, assisted living facility, or dedicated facility • Requires survival **prognosis of ≤6 months**

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Hospice care is based on the principle of providing compassionate care that focuses on comfort and quality of life. It is provided by a multidisciplinary team that includes nurses, social workers, chaplains, and a hospice physician who closely coordinates with the patient's attending physician. It can be provided in the patient's own home (home hospice care), a nursing home, or dedicated hospice facility. Hospice services include comfort measures (eg, control of pain and dyspnea) and psychological, spiritual, and bereavement counseling for patients and families.

(Choices A and E) Hospice care is appropriate for patients with any terminal illness provided they have a prognosis of ≤6 months.

(Choice B) Although most patients in hospice care have directives to decline heroic life-sustaining measures, a do-not-resuscitate order is not a prerequisite for receiving hospice services.

(Choice C) Patients who still possess decision-making capacity should participate in decisions regarding hospice care. However, advance directives or surrogate decision makers may handle issues related to hospice care for patients who lack capacity.

- Requires survival **prognosis of ≤6 months**

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Educational objective:
Patients with advanced metastatic cancers or other terminal illnesses and a life expectancy of ≤6 months should be evaluated for hospice care.

References

- Hospice care in the United States.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	End of life care
Subject	System	Topic

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A primary care physician is invited to give a presentation to a local employer. He is a member of a large multi-specialty medical group, which he joined less than a year ago after completing residency. During the presentation, the physician discusses the various medical specialties available within the group, as well as the range of ancillary services the group offers at its facilities. In the ensuing discussion, the physician learns that the employer has been facing financial difficulties. The employer wishes to continue offering health care coverage to its employees but needs to reduce expenditures. As a result, the employer would like to negotiate a contract in which the medical group would provide care to all the company's employees in exchange for a set monthly fee per employee. Which of the following payment methods best describes this type of health care financing arrangement?

A. Capitation

B. Discounted fee-for-service

C. Global payment

D. Patient-centered medical home

E. Point-of-service

Submit

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- ✓ A. Capitation (53%)
- B. Discounted fee-for-service (14%)
- C. Global payment (20%)
- D. Patient-centered medical home (1%)
- E. Point-of-service (9%)

Omitted
Correct answer
A

53%
Answered correctly

01 sec
Time Spent

04/12/2020
Last Updated

Explanation

An arrangement in which a payor (individual, employer, or government entity) pays a **fixed, predetermined fee** per patient to cover all required medical services is termed capitation. **Capitation** is the payment structure underlying **health maintenance organization** (HMO) provider networks. Under capitation, there is an incentive for the provider and patient to reduce expenses, usually by restricting patients to a limited panel

Explanation

An arrangement in which a payor (individual, employer, or government entity) pays a **fixed, predetermined fee** per patient to cover all required medical services is termed capitation. **Capitation** is the payment structure underlying **health maintenance organization** (HMO) provider networks. Under capitation, there is an incentive for the provider and patient to reduce expenses, usually by restricting patients to a limited panel of providers within the plan, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

Capitation payments are often made to a private insurance company, which then negotiates with individual physicians or physician networks to provide care. Alternately, a very large physician group (including primary and specialty physicians) may contract directly with employers to provide capitated care for their employees.

(Choice B) Discounted fee-for-service is a payment arrangement in which an insurer pays a provider for each individual service provided at a pre-arranged, discounted rate. Employers would not generally negotiate a fee-for-service contract directly with a provider.

(Choice C) Global payment is an arrangement in which an insurer pays a provider a single payment to cover all the expenses associated with an incident of care. This is most commonly done for elective surgeries, in which the global payment covers the surgery as well as any pre- and post-operative visits needed.

(Choice D) A patient-centered medical home is a specific model of primary care in which patients have access to a personal physician who coordinates care and sees the patient through all aspects of care, including preventive services and acute and chronic disease management. Payment for these services may be capitated or fee-for-service.

(Choice E) Point-of-service plans require patients to have a primary care provider and obtain referrals for specialty consultations. They differ from HMO plans in that they allow patients to see providers outside the network, albeit at higher out-of-pocket costs (copays and deductibles).

Educational objective:
Capitation is an arrangement in which a payor pays a fixed, predetermined fee to provide all the services required by a patient. Payors may negotiate a capitated contract with an insurance company that then pays the providers, or a large medical group may negotiate directly with the payor.

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Behavioral science	Social Sciences (Ethics/Legal/Professional)	Health insurance
Subject	System	Topic

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